

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34133

State File No.

FILED NOV 5 1952

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>171</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mexico</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (In this place) <u>103 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>302 W. Jackson St.</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT WIFIELD SCOTT POWELL</u>		a. (First) <u>N</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>13</u> , (Year) <u>52</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 14, 1899</u>	9. AGE (In years last birthday) <u>53</u>	10. UNDER 1 YEAR Months Days	11. UNDER 1 WEEK Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>laborer, Dry Press</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick DUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles T. Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Quisenberry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-12-2851</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Lola Powell, Mexico, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute miliary tuberculosis</u> <u>about early 13. meningitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>001X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Aug 15, 52</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>autopsy by Henry Sweetser M.D. - Columbia University</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>5-2</u> , 19 <u>52</u> , to <u>Aug 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>52</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry Z. O'Brien M.D.</u>		(Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>10-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 15, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct-25-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tail E. Puck</u>		ADDRESS <u>Mexico, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed Evel E. Puchot

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.